

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030252

2014 MAY 27 PM 1:31

MICHAEL B. BROWN
RECORDER

The Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against

ACUITY INSURANCE 2800 S. TAYLOR DRIVE

SHEBOYGAN, WI 53081 CL#LZ2560

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

21ST day of JULY 20 09

and recorded on the

28TH day of JULY 20 09 (as instrument No.

05976035

) (in Hospital Lien Book, Page

2009052150

) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

treatment and maintenance of

JONAS MISELO

Regarding Patient Account Number

05976035

in the amount of

THIRTEEN THOUSAND

FOUR HUNDRED THIRTY ONE AND 24/100

LAKE COUNTY RECORDERS Dollars (\$

13,431.24

)

the Recorder is hereby authorized to release said lien solely as to the above described party this

19TH

day of

MAY

20

14

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

Alison Adams
ALISON ADAMS-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Before me, a Notary Public in and for said County and State, personally appeared ALISON ADAMS who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 19TH Day of MAY 20 14

My Commission Expires: 2/14/17

Residing in Lake County, Indiana

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital

Lisa E. Ward
LISA E. WARD, Notary Public

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